Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

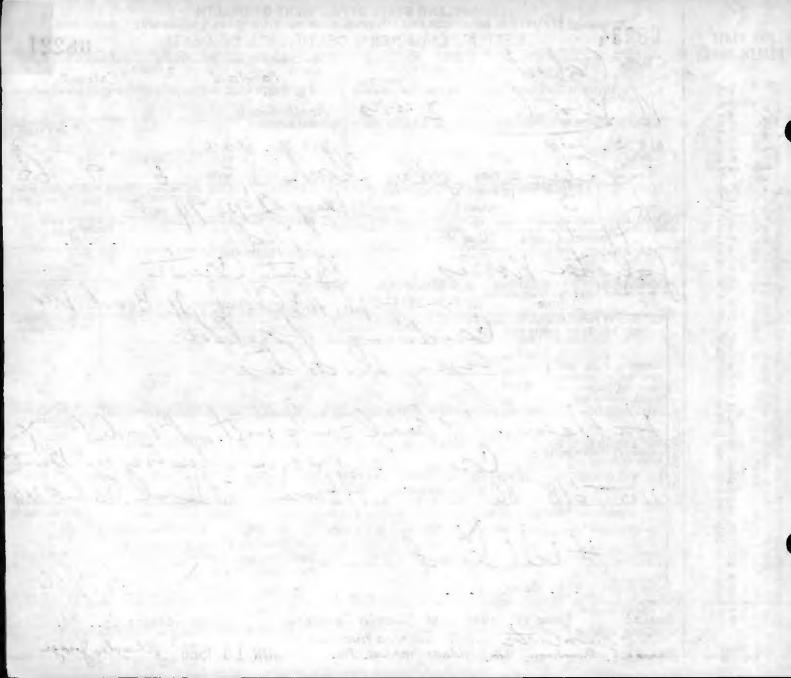
MEDICAL FYAMINED'S CERTIFICATION OF HEALTH

MEDICAL FYAMINED'S CERTIFICATION OF HEALTH FOR STATE HEALTH DEPTM USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY awent MARYLIND lay is necessary, 13 to the funeral Page 5 may be Department after death. b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest rown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b North Beach IS RESIDENCE ON A FARM? d. NAME OF ROSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State hours YES _ NO × 7th. and 3. DATE NAME OF Year 3. DECEASED OF May (Type or print) DEATH AGE (In years | IFUNDER IYEAR | IFUNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 hould be forwarded to the Chief Medical Examiner's Office along with form Months Days Hours WIDOWED DIVORCED and a 10a. USUAL OCCUPATION (GIVE kind of work done during most of working-life even if retired) 10b, KIND OF BUSINESS OR BORTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? Own Home lousela -0. pages 1 in any ATHER'S NAME MOTHER' MAIDEN File Addres WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) permit. I INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause er line for (a). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) **DUE TO** If any, which Conditions. gave rise to immediate DUE TO (a), stating the the certificate, writing the word '4 should be forwarded to the Chief used as a l to burial, c underlying cause last. YERMINAL DISEASE CONDITION GIVEN IN PART 1(a) al 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION PERFORMED? be EXTERNAL CAUSE WAS OCOURRED? 20a. PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should b factory, ruest, office bldg., etc.) MEDICAL 20d. INJURY OCCURRED (State) TIME OF INJURY, Month, Day, Year I While Not While CTOR: Page designated 1977 0 at work at work and in my ppinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection inquiry files. DIRECTOR: Undetermined manner death resulted from: Accident Suicide Homicide causes please execute the director. Page 4 sl retained for your f CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR FUNERAL DI DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ward Address (Street, city, town, or county NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Specify) of Burial Lincoln Cemetery 2 Fort. 1966 une rince Georges 25a. REC'D BY REGISTRAR

VR A15ME 3500 4-64

DATUN 13 1966

geliarles Judge

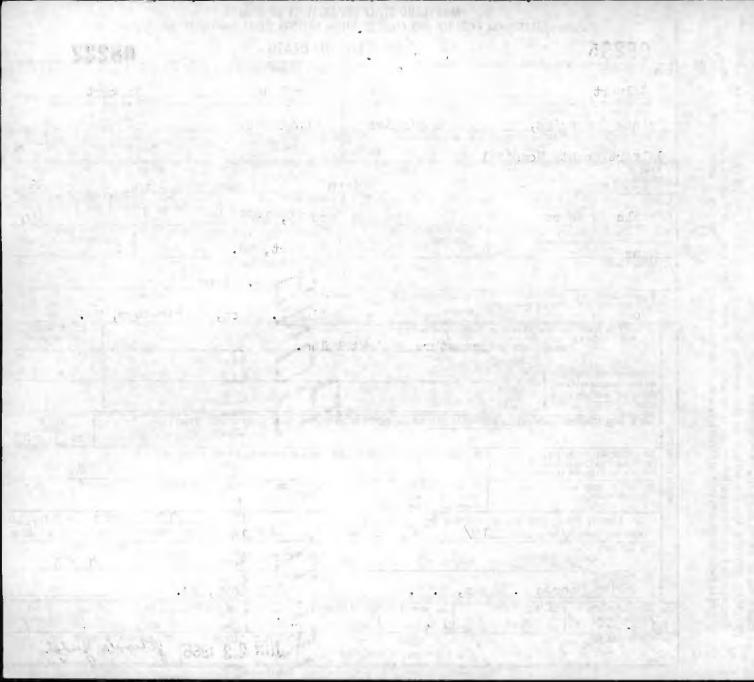


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Prince	RAL ond give neorest town) e Frederick.		50 minutes	3	Huntingt	own		0	4 1	/	
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3. NAME OF DECEASED (Type or pri		irst	Middle	Dix	Lost	4. DATI OF DEAT			Doy		66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	B B	DATE OF BIRTH	-	9 AGE (In years	IF UNDER		IF UNDE	R 24 HRS.
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13. PATTICK 3 B	IAME										
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3 20c. TIME	OF INJURY Month, Day, Yeor laur a.m. p.m. 19	While	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		. (City or town)	(Co	iunty)		(Stote)
saw	21. I certify that (1) (this haspital) attended the deceased fram 6/19 , 1966, ta 6/19 , 1966, that (1) (we) last saw the deceased alive an 6/19/19/66, and that death accurred at 31A M, fram causes and an the date stated above.										
22a, SIGN	220. SIGNATURE ATTENOING MED. DIRECTOR DIRECTOR PHYS. D 22b. DATE SIGNED 6/19/66										
22c. PHY:	George J	Weems,	M. D.		22d. ADDRESS Huntin	gtow	n, Md.				
230. BURIAL, CI	(Specify)		Plum Po			1 . 1	LOCATION (City or To	-	(County)	,	nd.
24. FUNERAL I		4 11	ADORESS	to	Mar 250 RECT	BY REGI	STRAR 1966	EGISTRAR'S	SIGNATUR	idel	1-

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1, and should be filed with the State Dept. at Health prior to burial, crematian, or remaval, and timony event, within 72 haurs after depart



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DECEASED Type or print) Ernest Edward Hawkins Death S. SEX 6. COLOR OR RACE Male Negro WIDOWED DIVORCED 371/83 To usual occupation (Give kind of work done during mast of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 113. FATHER NAME George Hawkins 13. FATHER NAME George Hawkins 14. MOTHER'S MAIDEN NAME Sue Giles 15. WAS DECEASTDEVER IN U.S. ARMED FORCES? (Yes, no, or UNKnown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Watkins 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (o) LIMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200. ACCIDENT WAS UNDERLYING OF DEATH COUNTRIBUTING CAUSE (o) Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200. ACCIDENT WAS UNDERLYING ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 200. ACCIDENT WAS UNDERLYING ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of item 18.) 201. The DEATH MEDICAL EXAMINER) 202. TIME OF INJURY Month, Doy, Yeor Hour a.m. 19. Or work of work of the deceased from 19. Or work of the deceased of the deceased from 19. Or work of the deceased	YES NO						
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220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE PHYS. DIRECTOR PHYS. 6/1	4/66	STAFE	D. PHYS. DIRECTO	ets M.	Ween	4	
NAME (Type) Dr. George Weems Huntingtown, Maryl	an d	ingtown, Maryl		Weems	Dr. George	NAME (Type)	
REMOVAL (Specify) 6-18-66 (Changers Ch. Cam	ounty) (State)		_			a. BURIAL CREMATIC REMOVAL (Specify)	230

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Riverdale

VR A15ME 35DD 4-64

e. IS RESIDENCE

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

Place

Hills.

17

ON A FARM?

Year.

19/

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO.

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DATE SIGNED

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissian PLACE OF DEATH o. COUNTY Maryland offer Charles Calvert MARYLAND by the f b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) ely filled in by the bon papers. Page within 72 hours a write RURAL and give negrest tawn) Benedict Prince Frederick 20 days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO X Calvert County Hospital and tompletely fill remove carbon p Middle 4. DATE Manth NAME OF Last Day Year DECEASED OF Higgs DEATH (Type or print) Charles Eric June S. SEX 8. DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE **NEVER MARRIED** lost birthdoy) Months Days Hours Male White DIVORCED WIDOWED 6/22/85 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician a en pleose COUNTRY? during most of working life, even if retired) Retired puo Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, offending phy permit. Then Allie Higgs Mary Farrell 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO signed by the ottendin burial-tronsit permit. (Yes, nayor apkinawn) (If yes give war ar dates of service) Tillie Lee Higgs Benedict Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse os the last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION detached for use te Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. a (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at wark 192 , that (I) (we) lost 21. I certify that (t) (this haspital) attended the deceased fram. director, page 3 should should be filed with the 19 60, and that/death occurred at M. from causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE MED. STAFF M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Leonard. Roberto deVillarrea Maryland 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) OWN 24. FUNERAL DIRECTOR

death certificate be executed within 24 haurs after death law requires that O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.

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O FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08233 CERTIFICATE OF DEATH

	08233	3		CERTI	FICATI	E OF DEATH	1		(18226	5
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P	rince F	rederick.	Md.	2 days		Chesap	eake E	Beach. I	Mar:1	and	
		SPITAL OR INSTITUTION			t address)	d. STREET ADDRESS			-	e. IS RES	IDENCE FARM?
<u>C</u>	alvert	County Ho	spital							parties of	NO 😾
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5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔠 8	. DATE OF BIRTH	9.	AGE (In years III last birthday)	FUNDER 1 Y		R 24 HRS.
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du	Ing most of work	FION (Give kind of work ing life, even if retire	done 10b, K	IND OF BUSINESS NDUSTRY	OR	11. BIRTHPLACE (C	ounty & State, o	r foreign country)	12. CITIZ	ZEN OF WHAT ITRY?	
L.,	Housev		Dor	nestic			Virgin	ia	U.S	. A .	
13	. FATHER'S NAM	îE .				14. MOTHER'S MAID	EN NAME				
	Joseph	Vaught				Josephi	ne Smi	th			
I (Y	6. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY	NO. 17.	INFORMANT		Box	337		
Ĺ	No			7-10-6102	2 Mr	s. Elmer	Deane	Chesape	eake F	Beach, l	Md
		DEATH Enter only or		ine for (a), (b), and	1 (c).]	0.01			1.1	NTERVAL BE	TWEEN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	13 ALLA	erleuen	200	VK. Ne	22-3-	7 2		ONSET AND I	DEATH
	ナサメ		11		-	0					
L	Conditions, if	any, which }	(b) D	aler	200	There 2	> ~				
	gave rise to cause (a), s										
	underlying caus	rating ma	(c)								
S	PARTII. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBI	JTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL D	DISEASE CONDI	TION GIVEN IN PA	ART1(a)	19. WAS AU	JTOPSY
CAT										PERFOR YES	NO T
ᄩ	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW IN	JURY OCCU	RREO. (Enter nature of	Injury in Pari	I or Part II of	Item 18.)	1	
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)								
Ħ	20c. TIME OF	INJURY Month, Day,	Year 20d. I	NJURY OCCURRED		CE OF INJURY (Home, fa	ırm, 20f. (C	ity or town)	(County	(5	State)
MEDICAL	Hour a.i		While at work	Not While	factor	ry, street, office bldg., e	tc.)	. /			
-		fy that)(I) (this hos			from 2	7//0_1	966 to 1	5/3	1964	that (I) (v	we) last
		ceased alive on	6/3			death occurred at	: 35MP from	the causes a	nd on the	date stated	above.
	22a. SIGNATU	11/1							22b. DATE		
		HURQ-	116	1	M,D	. PHYS. <u>by</u> I	MED. DIRECTOR	STAFF PHYS.	6/3/	66	
	22c. PHYSICA NAME OF	Vne\-				22d. ADDRESS					
	7-7		rge J.			_		own, Mc			
23	REMOVAL (Spi	ATION, 23b. DATE				OR CREMATORY		ATION (City, tow			tate)
	irial	June 6,	1966	T	rerr	y Cemetery		Radford,	Gile	s Co.	Va.
24	FUNERAL DIRE	CTOR	011	ADDRESS				RAR 25b. REG		600	
1.7	TILLCHU.	no Tunua	LACM	- Owin	gs. Ma	aryland. H/N	0 19	SE LUC	arces	Just	

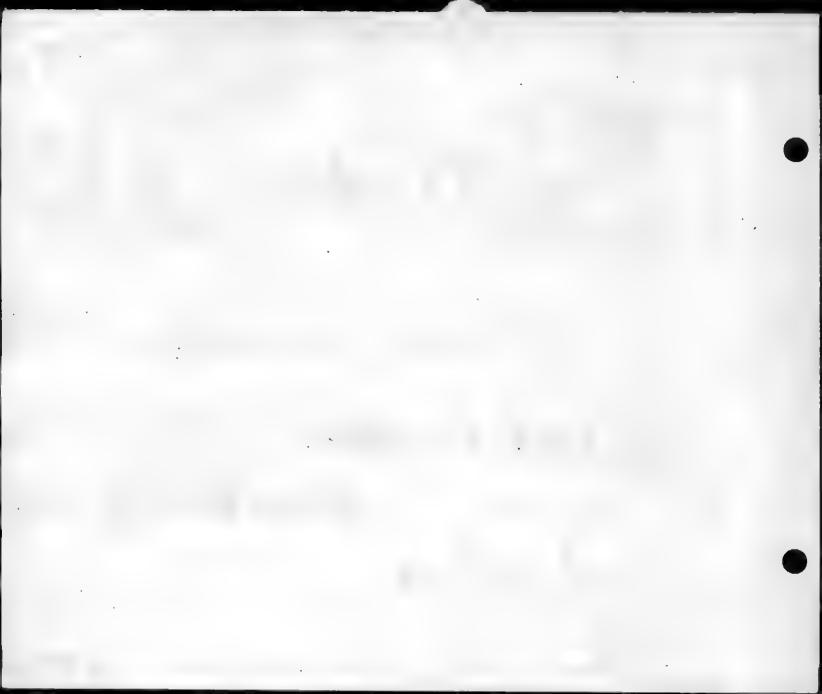
VR A15 (4) 15M 4-64



necessary, the funeral 5 may be is nector delay I. nd 3 to 2, and PM3. 24 hours after death. If ar 1 Item 18. Give Pages 1, 2 Office along with form P ' in pencil in Item Examiner's Office **EXAMINER:** This certificate should be executed "pending" Medical E Chief CCI the word forwarded certificate, 8 4 should files. your execute r. Page 4 for

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARY! AND c, CITY OR TOWN (if outside corporate limits, write NURAL and give nearest town) EVIY OR TOWN (If outside perporate limits. A LENGTH OP STAY IN TO Write RURAL and give nearest town) Depa e. IS RESIDENCE ON A FARM? d. NAME OF HASPITAL OR INSTRUCTION (If not in hospital, give street address) d. STREET ADDRESS State hours NO. YES DATE Month Day Year 3. NAME OF First Middle₂ 4. Last DECEASED DEATH (Type or print) 2 with within AGE (In years | IFUNDER'1 YEAR | IFUNDER 24 HRS SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours Days DIVORCED (WIDOWED F ny Acet 12. CITIZEN OF WHAT country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign COUNTRY INDUSTRY during most of working life, even if retired) pages 1 allelwife MOTHER'S MAIDEN, NAME 13. FATHER'S NAME 14. File INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) | (If yes give war or dates of service) permit. removal, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause perline for (a). and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Burial-tramit IMMEDIATE CAUSE (a) cremation, DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO (a), stating the cause ed an a burial, underlying cause last. WAS AUTOPSY PARLY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DEVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 8 PERFORMED! IFICATU YES T NO 12 DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. e 6 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 교등 hom! (State) 120e. PLACE OF INJURY (Home, farm, (City or town) 3 The MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory street, office bldg., etc.) While Not While at work at work DIRECTOR: Page or its designated 29. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner Suicide Homicide Natural causes Accident death resulted from CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE 6 FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City/town of county) (State) BUTIAL, CREMATION, 23c 23b_ DATE THEREOF PMOVAL (Specify) 9 25a. REC'D BY REGISTRAR FUNERAL VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

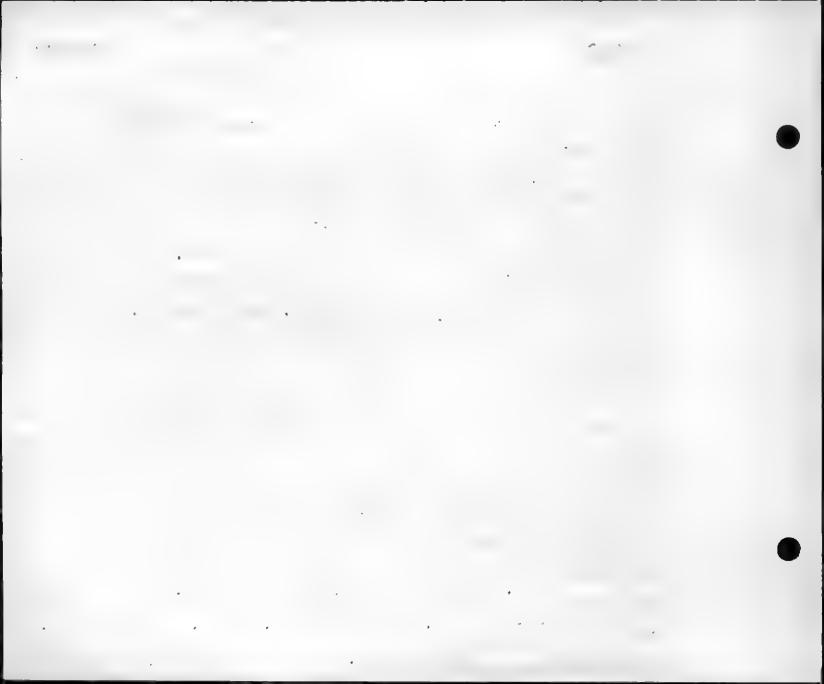


weber: 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	08241 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18228
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence Defore admission) a. STATE b. COUNTY
ary, srail be be ent ath.	b. (ONLY OR TOWN (if outside corporate limits, / c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
s mecessary, o the funeral e 5 may be. Department after death.	city - 440 from the
lay is mecessary, 13 to the funeral Page 5 may be state Department ours after death.	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 1S RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
any Jelay le 2, and 3 to PM3. Page h the State n 72 hours	3. NAME DF DECEASED (Type or print) A DATE OF DECEASED (Type or print) DECEASED (Type or print) DECEASED (Type or print)
ith. II am light form Place 1, 2 with within	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DAY OF SHOTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months Days Hours Min.
r de Pa with and svent	10a.US AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
along alte	13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME
Hem	15. WAS DECEASED EVER WUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address /
hin ris o	(Yes, no, or unknown) (If yes give war of dates of service) 404-16-4564 Mby 2 A Mhurpan Cox
in pencil in pencil in permit.	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY:
xeculling."	260 X DUE TO
ld lle executel "pending" in st Medical Exames a burlal-transit cremation, or i	Conditions, if any, which gave rise to immediate (b) DUE TO
Chief	underlying cause last.
ffcalle slioning the word the word or the Chief used as a to burial,	YES NOW
certify iting ed to d be u	PART II. OTHER SIGNIFICANT CONDITIONS CONTROBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) YES NOT YES NOT CAUSE OF DEATH. 19. WAS AUTOPSY WES NOT THE PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (8) YES NOT CAUSE OF DEATH.
R: This certificate, writing forwarded to 3 should be agent, prior	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PACE OF INJURY (Home Jarrot 20f. (Cub or towp) (State)
tifical tifical age 3	
the certification of the certi	21. I certify that I took charge of the reprains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes/ Accident, Suicide, Homicide, Undetermined manner
its de	ACTUAL AC
DEPUTY MEDICAL EXA ease execute the crector. Page 4 shoul stained for your files. FUNERAL DIRECTOR: I Health or its design	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
D DEPUT please of director. retained of FUNER of Healt	NAME (Type) / . W , NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
direction of	Rarial 6/8/66 Arlington National Cem. Arlington, Virginia
VR Å15ME	24. Content Director Winds Pike 258. REC'D BY REGISTRAR 256 PEGISTRAR 25
3500 4-64	The state of the s

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IM	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	21201
	08242 CERTIFICATE OF DEATH	118229
PHYSICIAN: The law requires that the death certificate be exercised within 24 haurs after death, ne haspital or attending physician. This certificate has been signed by the attending physician and correletely filled in by the funeral etached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 Dept. af Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.	PLACE OF DEATH O. COUNTY Calvert MARYLAND 2. USUAL RESIDENCE (Where decoded lived, if institution Residue) O. STATE MARYLAND	dence before odmission)
aurs aft by the Pages	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) PRINCE PREDERICK C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	give nearest town)
in 24 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gaye street oddress) Calvert Co Hospital d. STREET ADDRESS	ON A FARM? YES NO
d withi	3 NAME OF DECEASED (Type of print) EVELVI T POLK OF DEATH 6	22 166
Maye eve	WIDOWED DIVORCED 3-1-12 Jost burthdoy) Month	
tian an	during most of working life, even if retired) INDUSTRY Calvert Md.	CIT ZEN OF WHAT SAUNTRY?
certifica j physi hen pli naval,	James Smith Annie Annie	
death (frending rmnt. T	(Yes, no, orunknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17 INFORMANT James H. Polk- Lusby, Md.	
at the	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Line Coulomb	INTERVAL BETWEEN ONSET AND DEATH
ures th ysician Ined by rid-tra rial, cre	Conditions, if ony, which gove) (b) Oscious & Dialess.	
The law requires th attending physician has been signed by se as the burial-trai th prior ta burial, cre	rise to immediate cause (a), stating the underlying cause lost.	
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19 WAS AUTOPSY PERFORMED? YES NO
NING PHYSICIAN: by the haspital or fler this certificate be defacthed far u State Dept. af Heal	200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING 200 A	
ic PHY the ho ir this c detach	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d INJURY OCCURRED While of work of twork of two or town Not While of work of two or t	(County) (Stote)
ATTENDING stained by th CTOR: After t should be de		19, that (1) (we) lo
OR AT	MD ATTENDING MED STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR	DATE SIGNED
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	22c PHYSICIAN'S NAME (Type) ISSAM F. Damalouji Prince Frederick, Md. 20678	
Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt	230. BURIAL (REMATION, REMOVAL (Specify) 6-25-66 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 25t. Johns Church Cem. Lusby, Calver	
YR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	es signature



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and death: hours after death USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Pages 1 Calvert Calvert MARYLANO b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) please remove carbon papers. Pag Chesapeake Beach Chesaneake Beach 43 years and completely filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS YES NO DE executed within 3. NAME OF DATE Month **Year** First Middle Last 4. DECEASED DEATH (Type or print) 1966 ALLINGS June 5. SEX AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIEO X NEVER MARRIED last birthday) | Months | Hours 1 Oavs WIDDWED DIVORCED Feb. 20, 1893 73 Female white 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician COUNTRY? The law requires that the death certificate be Housewife Anne Arundel HSA Domestic attending physi ermit. Then ple on, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ward Laura Croshy 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [([fyes give war or dates of service)] 17. INFORMANT 16. SOCIAL SECURITY NO. Address this certificate has been signed by the attent detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or r Box 83 Mrs. Mabel Gregory, Chesapeake Beach, Md. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, OEATH WAS CAUSED BY: 1 dage is brede to mees TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** well in Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating 1221D underlying cause last. (c) WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F YES . 20a, ACCIDENT WAS UNDERLYING [OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) factory, street, office bldg., etc.) FUNERAL DIRECTOR: After t rector, page 3 should be de lould be filed with the State Hour a.m. Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at/1120 AM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. bush M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, p should be 1 NAME (Type) Issam F. Damalou Prince Frederick, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. (State) 2 REMOVAL (Specify) Harmony Chr. Cemetery Owings. Burial Maryland REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL OIR ECTOR ADDRESS 1966 VR A15 (4) Owings, Maryland 15M 4-64

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1			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18231
HEALTH		1.	PRACE OF DEATH 2. USUAL RESIDENCE Where inceased lived, if Institution Residence before admission)
1			a county as a state of the county of the cou
the funeral 5 may be	Department after death.		OCTTY OR TOWN (If outside corporate limits) c. ZENGTH OF STAY IN 1b c. CPTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
fur maj	partr er de		
si o th	Depa after	7	d. NAME OF HOSPITAL ORANSTITUTION (If Not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO OF THE PROPERTY OF THE PRO
defay is nand 3 to th	State	2	
any del 2, and PM3.	\$ 1)	NAME OF LASTY ADMIX PINSON 4. DATE Month Day Year OF DECEASED (Type or print) 1900
1,2 P.2	within	5.	The street of th
rs after death. If 18. Give Pages I, along with form			WIDOWED DIVORCED QULY 20-1091 D Dyrs.
deg with	l and event		a. USUAL OCCUPATION (Give kind of work done Industry Country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (Stete or foreign country) 14. BIRTHPLACE (Stete or foreign country) 15. CITIZEN OF WHAT COUNTRY? 17. COUNTRY? 18. BIRTHPLACE (Stete or foreign country) 18. BIRTHPLACE (Stete or foreign country) 19. CITIZEN OF WHAT COUNTRY?
after Give	ges I any e	1	Retired - U.S. Gov. Treasury Dept. Washington, DC USA Treasury Name
hours em 18. ice ald	page in a		Oliver Tolson Ellen Clark
tem Hice	File		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
EXAMINER: This certificate should be executed within 24 hou certificate, writing the word "pending" in pencil in Item toould be forwarded to the Chief Medical Examiner's Office		C	(es, no, or unknown) (If yes give war or dates of service) Mrs. Alma L. Tolson (Mife) Same as # 2
with	permit. removal		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
in l	or I		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
Secu Sing' cal	cremation, or		442X DUE TO (a dia varietta as a line of the state of th
be e	urial		Conditions, if any, which gave rise to immediate course (a) estating that DUE TO
puld ief			underlying cause last. (6)
e sh	used as to burial,	NO	
ficat the	to	CERTIFICATION	Clean a curio at at a 1/10 YES NO
ting ed t	d be	I La	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
wri wri	3 should be agent, prior		
for,	20 gg 20 gg	MEDICAL	House the While Not While at work at work at work
Triffig	CTOR: Page designated	×	p.m. b / 1970 at work at work of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
EXAM e cert	IRS. DR: F signi		death resulted from: / Natural gauses , Accident , Suicide , Homicide , Undetermined manner
CAL the	IRECTO		CHIEF MEDICAL EXAMINER () 22. DATE SIGNED
HEDI cute	L DIR		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
E &	UNERAL UNERAL Health	2	EXAMINER'S NAME (Type) Address (Street, city, town, or county)
O DEPUTY MEDICAL please execute the director. Page 4 s	FUNERAL DIRECTOR: Health or its design	2	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 20	To of the contract of the cont	N	Burial June 14-1906 Gedar Hill Gemetery Survey of the state of the
110	ATEME	A.	Summer Bros-
	A15ME 0 4-64	1	immons Bros. 1661- Gd. Hope Rd. SE. Wash., DC DATE UN 14 1965 Charles years

